October 2009

STATE AND SCHOOL EMPLOYEES' Life AND Health PLAN

Know Your Benefits

Adult Wellness Benefits Increase in 2010

Now there's even more reason to take charge of your health. To keep you moving toward your wellness goals, the Plan has improved your wellness benefits! Beginning January 1, 2010, your adult wellness benefits will include:

- ***All covered adult wellness services (as listed on the Plan's website) will be covered without an annual maximum limit.***
- ***Benefits will be provided for a maximum of two (2) wellness office visits per calendar year.***

Adult participants age 18 and older are required to complete their HealthQuotient (HQ) health risk assessment on or after January 1, 2010, prior to their wellness visit, to be eligible for these benefits. The HQ can be found at www.webmdhealth.com/mississippi. Participants who do not have internet access can call WebMD at (866) 789-4594 to request a paper copy of the HQ. Remember, if you do not complete your HQ, you will not be eligible to receive any adult wellness and preventive services benefits.

Remember, your wellness benefits are paid at 100% if you complete your HQ and use an AHS State Network provider. This means that these services are not subject to the calendar year deductible. For a complete list of covered wellness services, please visit the Plan's website at http://knowyourbenefits.dfa.state.ms.us. If you do not have internet access, you can call BCBSMS at (800) 709-7881 for a copy of this list.

2010 Open Enrollment

The State and School Employees' Health Insurance Plan's 2010 Open Enrollment period will be from October 1 through October 31, 2009. During this time, you will be able to add or change health insurance coverage for yourself and your eligible dependents, with such additions or changes to be effective January 1, 2010.

Active Employees: If you or your eligible dependents are not currently covered under the Plan, you may apply for coverage during Open Enrollment. You may choose either Base or Select Coverage during this time. Remember that you must be covered in order to cover your dependents. To add coverage or make changes to your coverage, you will need to contact your Human Resources office to obtain an *Application for Coverage* form. They can also advise you of the deadline for receiving completed forms.

Retirees: If you are a covered non-Medicare eligible retiree, you may choose either Base Coverage or Select Coverage during Open Enrollment. You will need to return a completed *Application for Coverage* form to Blue Cross & Blue Shield of Mississippi (BCBSMS) by October 31, 2009. Please contact BCBSMS at (800) 709-7881 if you need to request a form. Please note that retirees cannot add dependents during Open Enrollment.

COBRA Participants: If you are a covered COBRA participant, you may choose either Base or Select Coverage during Open Enrollment. If your eligible dependents are not currently covered under the Plan, you may apply for coverage for your dependents during the month of October. You will need to return a completed *Application for Coverage* form to BCBSMS by October 31, 2009. Please contact BCBSMS at (800) 709-7881 to request a form.

2010 Benefit Changes

Base Coverage Deductibles

For Base Coverage to continue to qualify as a high deductible health plan under federal tax regulations, the calendar year 2010 deductibles will be as follows:

Base Coverage	In-Network	Out-of-Network
Calendar Year Deductible - Individual Coverage	$1,200	
Calendar Year Deductible - Family Coverage	$2,400	

Select Coverage Deductibles

Calendar year deductibles for Select Coverage will not change in 2010. The calendar year deductible amounts will remain as follows:

Select Coverage	In-Network	Out-of-Network
Calendar Year Deductible - Individual Coverage	$500	$1,000
Calendar Year Deductible - Family Coverage	$1000	$2,000

Prescription Drug Program

Beginning January 1, 2010, prescription drug deductibles and co-payments will be adjusted. With Select Coverage you must meet a $75 prescription drug deductible before receiving benefits under the program. With Base Coverage you must meet the applicable calendar year deductible (medical and/or prescription drug) before receiving benefits under the program. While preferred brand and non-preferred brand co-payments will increase, the co-payment for generic drugs will remain the same. The following chart shows the new co-payment amounts for prescription drugs that will be effective January 1, 2010:

	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Generic Drugs	$12	$24
Preferred Brand Drug	$40	$80
Non-Preferred Brand Drug	$65	$130

In most instances, when a generic drug is available and the participant purchases the brand name drug, the participant will pay the difference in the cost of the brand name drug and the generic drug, plus the generic co-payment amount.

Specialty Pharmacy Program

The Catalyst Rx Specialty Drug Management Program, supported by Walgreens Specialty Pharmacy, provides access to specialty medications with the convenience of express mail delivery. The program provides medications for chronic conditions like Multiple Sclerosis, Crohn's Disease, and Rheumatoid Arthritis. Beginning January 1, 2010, specialty medications must be purchased through this program in order to be covered. Participants have access to a Specialty Care Team staffed by experienced pharmacists specially trained in complex health conditions and the latest medication therapies. You can call the Walgreens Specialty Pharmacy at (866) 823-2712 for more information. The following chart shows the new co-payment amount for specialty medications that will be effective January 1, 2010:

	In-Network (30-day supply)	Out-of-Network
Specialty Drugs	$65	*N/A

*There is no Out-of-Network co-payment since all specialty drugs must be purchased through the Catalyst Rx Specialty Drug Management Program (In-Network).

Blood Transfusion Benefit

Beginning January 1, 2010, the Plan will no longer exclude coverage for the first three (3) pints of blood used during each inpatient admission or outpatient hospital service.

Well-Child Care for Out-of-Area Participants

Beginning January 1, 2010, the Plan will provide a 75% benefit level for covered wellness services provided to out-of-area participants up to age 18 by non-AHS State Network providers. These services are subject to the Plan's allowable charge, but are not subject to the calendar year deductible. Out-of-area participants are those participants who live outside the State of Mississippi. For a complete list of covered wellness services, please visit the Plan's website at http://knowyourbenefits.dfa.state.ms.us or call BCBSMS at (800) 709-7881.

Substance Abuse and Mental Health Benefits

Beginning January 1, 2010, benefits for substance abuse and mental health services will be enhanced as follows:

	In-Area Participants		Out-of-Area Participants	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Substance Abuse				
Inpatient*	80%	60%	80%	75%
Outpatient	80%	60%	80%	75%
Intensified Outpatient Program	80%	60%	80%	75%
Residential Treatment*	80%	60%	80%	75%
Mental Health				
Inpatient*	80%	60%	80%	75%
Outpatient	80%	60%	80%	75%
Day Treatment/Partial Hospitalization	80%	60%	80%	75%
Residential Treatment*	80%	60%	80%	75%

*Services must be certified as medically necessary by CareAllies to be covered by the Plan.

In addition to the above coinsurance changes, the following benefit changes will be effective January 1, 2010:

- Substance abuse and mental health services benefits will be subject to the applicable deductible and coinsurance maximum amounts.

- For in-area participants, substance abuse and mental health services will be eligible for an out-of-network review through the Plan's medical management vendor, CareAllies.

- The current substance abuse benefit limit of $8,000 per calendar year and lifetime maximum of $16,000 per participant will be eliminated and benefits will be subject to the participant's lifetime maximum of $2 million.

- The current mental health benefit limit of 52 outpatient visits, 30 inpatient hospital days, and 60 day treatment / partial hospitalization days per calendar year will be eliminated.